

**PROJECT TITLE: *Creativity and Aging:***  
The Impact of Professionally Conducted Cultural Programs on Older Adults

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**SPONSORS:**

- *National Endowment For The Arts (NEA)*—(***Lead Sponsor***)
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  - International Foundation for Music Research

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The study is administered through a cooperative agreement of the National Endowment for the Arts with GW

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## Overview of Study in Brief

In 2001, a study was designed with the aim of measuring the impact of community based cultural programs on the general health, mental health, and social activities of older persons, age 65 and older. Referred to as the *Creativity and Aging Study*, the project's formal title is "The Impact of Professionally Conducted Cultural Programs on Older Adults". *No previous study of this nature using an experimental design and a control group had been carried out.* Preliminary results reveal strikingly positive differences in the intervention group (those involved in intensive participatory art programs) as compared to a control group not involved in intensive cultural programs.

## Objective of Study

The objective of this project has been to evaluate the effects relevant to general health, mental health, overall functioning, and sense of well being in older persons caused by active participation in cultural programs provided by professional artists involved in visual and literary arts, music, and other cultural domains. These programs draw upon a range of art and cultural disciplines, such as painting, pottery, dance, music, poetry, drama, material culture, and oral histories in a creative context.

## Historical Context Of Study

We are at the second major turning point in the contemporary focus on aging—that being looking at potential beyond problems. This focus on potential has profound possibilities for advancing health maintenance and health promotion efforts. Societal interest in potential in later life is soaring, and it in this context that a project studying how cultural programs affect older persons could not be more timely.

## Theoretical Background for the Study

The theoretical background for this study builds upon two major bodies of gerontologic research: (1) Sense of Control and (2) Social Engagement. Studies on aging show that when older persons experience a sense of control—e.g., a sense of mastery in what they are doing—positive health outcomes are observed. Similarly, when older individuals are in situations with meaningful social engagement with others, positive health outcomes are also observed. Biological studies reveal the involvement of mind-immune system pathways playing a protective role here, as described in research on psychoneuroimmunology. In this study both of these dimensions—individual sense of control and social engagement—are combined. Each time one attends an art class, he or she experiences a renewed sense of control—ongoing individual mastery. Since all of the art programs involve participation and interpersonal interaction with others, social engagement is high.

## Study Design In Brief

The study was initiated in the fall of 2001. To be eligible for the intervention (art) and control groups, one needed to be 65 years of age or older and generally living independently at the start of the study. The intervention group participants were all involved in intensive community based art programs, conducted by professional artists, meeting weekly for a period of approximately 9 months a year for two years, with additional time for concerts, exhibitions, and the like. Time was also spent between sessions on practicing and ongoing artistic work. The control group was actively involved in a range of community activities, but not in intensive art programs conducted by professional artists.

Both the intervention and control groups, at all three sites, had an average age of 80 at the start of the study. The age range was 65-100. The intervention and control group each had 150 participants, for a total of 300 in the study as a whole. Baseline measures obtained via face-to-face administered questionnaires, in comparing both groups, were very similar at the start of the study. Measures were then repeated yearly for two years.

Measures were obtained through five questionnaires in three domains of functioning:

1. *General Health Assessment*, assessing health and problems across the systems of the body, medication usage, and health utilization data (e.g., doctor visits).
2. *Mental Health Assessment*, utilizing (A) The Geriatric Depression Scale (Short-Form); (B) The UCLA Loneliness Scale; (C) The Philadelphia Geriatric Center Morale Scale.
3. *Social Functioning Assessment*, utilizing a detailed inventory of the subjects' activities, with attention to the nature of the activities and their frequency and duration.

## **Perspective on Measures of Success**

Before listing preliminary findings, one should consider an important perspective that persons in the field of aging would point out regarding expectations around results from this study. Given that the average age of the subjects was 80—*greater than life expectancy* in the U.S.—clinicians and researchers alike would generally consider interventions in this age group successful, in terms of positive health and social functioning effects, if there was *less decline* than expected over time in the intervention group as compared to control group.

The significance of the art programs is that they foster sustained involvement because of their beauty and productivity. They keep the participants involved week after week, compounding positive effects being achieved. Many general activities and physical exercises do not have this high engaging, thereby sustaining, quality.

## **Preliminary Results**

**NOTE:** This study had a staggered start, beginning with the Chorale in Washington, DC in September 2001, then in New York, and then in San Francisco. Data are still being analyzed for all three sites. Preliminary results follow:

### ***Washington, DC Site***

- The Intervention Group reported better health one year after baseline starting point measures, while the Control Group reported their health was not as good one year post baseline.
- Both the Intervention and Control Groups had more doctor visits one year after baseline compared to baseline, but the Control Group increased their doctor visits at a significantly greater rate.
- Both the Intervention and Control Groups had more medication usage one year after baseline compared to baseline, but the Control Group increased their medication usage at a significantly greater rate.
- At the one-year follow-up, participants in the Intervention Group reported less falls than at baseline, while the Control Group reported more falls than at baseline.
- At the one-year follow-up as compared to baseline, participants in the Intervention Group showed greater improvements on each of the depression, loneliness, and morale scales as compared to the Control Group.
- At the one-year follow-up as compared to baseline, participants in the Intervention Group had on the average an increase of two activities per person, while those in the Control Group had on the average a decrease of two activities per person.

### ***New York City Site***

The New York data are still under analysis with not as yet sufficient data of statistical significance. There is some trend data showing better reports in the intervention group as compared to the

control group, such as with:

- Both the intervention group and the control group reported better health one year post baseline, though the intervention group's rating was slightly higher than that of the control group.
- Both the intervention group and the control group reported increased medication use one year post baseline, but the increase was slightly greater in the control group.
- There is less osteoporosis being reported in the intervention group at one year post baseline.
- The intervention group shows an increase of weekly activities one year post baseline, as opposed to the control group showing a decrease in activities.

### ***San Francisco Site***

- Although both groups indicated an improvement in their general health over the past year the intervention group reported a greater degree of improvement than the control group.
- Although both groups reported a decrease in the number of doctor visits over the past 12 months, the intervention group evidenced a greater decrease than did the control group.
- Preliminary results suggest that for the intervention group morale improved while for the control group morale declined.
- On the measure of loneliness, the trend was for the intervention group to report slightly less loneliness while the control group reported slightly higher loneliness (these results were not statistically significant, but may represent a trend that will improve as more participant information becomes available).
- The preliminary results suggest that for both groups the reporting of the number of daily activities increased, but more so in the intervention group.

### **Conclusions**

**NOTE:** Concluding comments here, at this time, are based primarily on results from the Washington, DC Site, where much of the data is statistically significant. Findings from the other two sites are still under analysis, but trend data from the New York City and San Francisco Sites, as well, are moving in the direction of data from the DC Site. What is remarkable in this study is that after one year the Intervention group, in contrast to the Control Group, is showing areas of actual stabilization and improvement apart from decline—despite an average age which is greater than life expectancy. These results point to powerful positive intervention effects of these community-based art programs run by professional artists. *They point to true health promotion and disease prevention effects.* In that they also show stabilization and actual increase in community-based activities in general in the Intervention Group, they reveal a positive impact on maintaining independence and on reducing dependency. *This latter point demonstrates that these community-based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care.*